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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 099 33884	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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45	1							
46		1						
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49								
50								
TOTAL IND.	3							
TOTAL DEP.	43							
TOTAL CLAIMS	46							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								
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